

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

Applicant : Kevin O'Rourke
Serial No. : 09/939,965
Filed : August 27, 2001
For : A SYSTEM AND USER INTERFACE FOR ACCESSING AND
PROCESSING PATIENT RECORD INFORMATION
Examiner : Jacques. Veillard
Art Unit : 2165

SUPPLEMENTARY APPEAL BRIEF ACCOMPANYING REQUEST FOR
REINSTATEMENT OF APPEAL

May It Please The Honorable Board:

This is a request to reinstate the Appeal in the above identified application including a supplementary Appeal Brief addressing the arguments cited by the Examiner in a non-final office action dated April 7, 2006 to an Appeal Brief filed on January 26, 2006. The Appeal Brief was in response to a Final Rejection, dated, July 1, 2005, of Claims 1 - 20 of the above-identified application. As stated in the present action and MPEP 1204.01, "the previously paid notice of appeal fee and appeal brief fee can be applied to the new appeal." Thus Applicant submits that no additional fee is due. Enclosed is a single copy of this Brief.

Please charge any additional fee or credit any overpayment to Deposit Account No. 19-2179.

Appellants do not request an oral hearing.

I. REAL PARTY IN INTEREST

The real party in interest of Application Serial No. 09/939,965 is the Assignee of record:

Siemens Medical Solutions Health Services Corporation
51 Valley Stream Parkway
Malvern, PA 19355-1406

II. RELATED APPEALS AND INTERFERENCES

There are currently, and have been, no related Appeals or Interferences regarding Application Serial No. 09/939,965.

III. STATUS OF THE CLAIMS

Claims 1 – 20 are rejected and the rejection of claims 1 – 20 is appealed.

IV. STATUS OF AMENDMENTS

All amendments were entered and are reflected in the claims included in Appendix I.

V. SUMMARY OF CLAIMED SUBJECT MATTER

Independent claim 1 provides a method for use by a portable processing device for accessing information in a patient record incorporating a plurality of different sections (page 2, line 13). The method includes the activities of: receiving user entered information identifying at least one patient record to be acquired and a particular section of the patient record to be acquired (page 2, lines 14-15). The device receives configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record (page 11, lines 28-32; Figure 6, 605). A URL link is generated for accessing a patient record repository in response to the configuration information (page 12, lines 16-18; Figure 6, 620). The generated URL link includes an address of the repository and contains fields incorporating the information identifying the particular section of the patient record and the patient record (page 12, lines 12-16; Figure 6, 615). The device communicates the generated URL link to an application used for accessing the repository and receives the identified particular patient record section in response to the communication (page 2, lines 15-20 and page 12, lines 16-18; Figure 6, 620, 625).

Dependent claim 2 includes the method of independent claim 1 along with the additional feature that the particular section of the patient record is associated with a particular type of patient medical data (page 9, lines 13-15; Figure 4, 425, 430). The

receiving activity also includes, receiving information identifying a desired format for the patient record to be acquired (page 11, lines 25-27; Figure 6, 605).

Dependent claim 3 includes the method of independent claim 1 along with the activity of receiving a patient record content index (page 9, lines 6-13). The particular patient record to be acquired and the particular section of the patient record to be acquired is determined in response the user's selection of an item in the patient record content index (page 9, lines 13-18; Figure 5, 515).

Independent claim 6 provides a method for communicating with a portable processing device for accessing information in a patient record incorporating a plurality of different sections within a system including a patient record repository (page 2, line 13). URL link data fields containing information identifying a patient record and a particular section of said patient record are received. (page 12, lines 12-16). The URL link is generated in response to configuration information determining at least one of: (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record (page 11, lines 28-33; Figure 6, 605). Information identifying a patient record and a particular section of the patient record information is derived from the URL link data fields. It then searches the patient record repository to locate the identified particular patient record section and communicates the located particular patient record section to a portable processing device (page 12, lines 24-31; Figure 6, 605, 615).

Independent claim 7 provides a method for use by a portable processing device for providing updated patient record information to a patient record information repository (page 13, lines 4-5; Figure 7, 720). The method includes the activities of initiating the display of a data collection page for collecting data of a patient associated with a particular patient record section (page 13, lines 15-22; Figure 7, 715). Updated patient record information acquired by a user's data entry via the data collection page is stored (page 13, lines 32-34; Figure 7, 725). A URL link which includes an address of the repository and contains the fields incorporating the updated patient record information and information identifying the particular patient record section and patient record is generated (page 14, lines 3-6; Figure 7, 735). The updated patient record information is communicated to the information repository at the address using the generated URL link in response to the user's selection of a displayed menu icon (page 14, lines 6-10; Figure 7, 740).

Dependent claim 8 includes all the features of independent claim 7 and further includes receiving a patient medical record content index identifying the particular patient record section (page 9, lines 6-13; Figure 6, 625). The activity of communicating the

updated patient record information comprises communicating the updated patient record section information via the URL data field to the information repository (page 14, lines 6 – 10; Figure 7, 735, 740).

Dependent claim 9 includes all the features of dependent claim 8 and further includes the activity of identifying updated patient record information different from information previously communicated to the information repository (Fig 7, 730). The activity of communicating the updated patient record information comprises communicating the different updated patient record information via the URL data field to the information repository (Fig 7, 735, 740).

Independent claim 17 provides a method for communicating with a portable processing device for accessing patient record information within a system including a patient record repository (page 2, line 13). The method includes the activities of: receiving URL data fields incorporating updated patient record information and patient record section identification information (page 14, lines 3-6; Figure 7, 735). The URL is generated in response to configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record (page 11, lines 28-32; Figure 6, 605). The patient record section identification information and the updated patient record information are derived from the URL link data fields (page 14, lines 9-11; Figure 7, 745). The updated patient record information in a record section identified by the patient record section identification information is stored in the repository (page 14, lines 17-19; Figure 7, 750).

Independent claim 18 recites a method for use by a portable processing device for providing updated patient record information to a patient record information repository (page 13, lines 4-5; Figure 7, 720). This is accomplished by initiating a display of a data collection page for collecting data of a patient associated with a particular patient record section (Fig. 7, # 710 and page 13, lines 28-30). Updated patient record information, including additions and deletions to the previously recorded data are then stored (page 14, lines 14-16). A URL link is then generated which includes an address of the repository and contains fields incorporating the updated patient record information and information identifying the particular patient record section and the patient record (Fig. 7, # 735 and page 14, lines 3-6). It then communicates the URL data fields including the updated patient record information to the information repository at the address using the generated URL link that was generated in response to user's selections from a displayed menu (Fig. 7, # 740 and page 14, lines 6-9).

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they include the following reference character(s) not mentioned in the description: 865 and 887 of Fig. 8A.

Claims 2, 8 and 9 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which application regards as the invention.

Claims 1-6, and 17 are rejected under 35 U.S.C. 103(a) as being unpatentable over De la Hueraga et al. (U.S. Patent 5,903,889).

Claims 7 – 16 and 18 – 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over De la Hueraga et al. (U.S. Patent 5,903,889) in view of Frid (U.S. Patent 5,857,967).

VII. ARGUMENTS

Objection to the drawings under 37 CFR 1.84(p)(5)

The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they include the following reference character(s) not mentioned in the description: 865 and 887 of Fig. 8A. In compliance with 37 CFR 1.121(b), the specification will be amended to add the reference character(s) in the description pursuant to favorable disposition of the application.

Rejection of Claims 2, 8 and 9 under 25 USC 112, second paragraph

Claims 2, 8 and 9 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

CLAIM 2

Claim 2 recites “a method according to claim 1, wherein said particular section of said patient record is associated with a particular type of patient medical data and said receiving activity also includes, receiving information identifying a desired format for said patient record to be acquired.” Applicant respectfully submits that pursuant to favorable disposition of the Appeal, claim 2 will be formally amended in accordance with the Examiner’s suggestion to remove any existing ambiguity.

CLAIMS 8 and 9

Applicant respectfully submits that proper antecedent basis for the limitation “in said URL data field” in claims 8 and 9 does in fact exist in claim 7. Claim 7, in pertinent part recites, “generating a **URL** link including an address or said repository and **containing fields incorporating said updated patient record information and information identifying said particular patient record section and said patient record.**” The URL contains fields, and the fields incorporate information or data. Thus, Applicant respectfully submits that this rejection has been satisfied and should be withdrawn.

De la Huerga does not make claims 1- 6, and 17 unpatentable. Thus, reversal of the Rejection of claims 1-6, and 17 under 35 U.S.C. § 103(a) is respectfully requested. Moreover, De la Huerga in view of Frid does not make claims 7 – 16 and 18 – 20 unpatentable. Thus, reversal of the rejection of claims 7 – 16 and 18 – 20 under 35 U.S.C. § 103(a) is respectfully requested.

Overview of the Cited References

De la Huerga teaches a system for retrieving, modifying, and collecting data records having a plurality of formats and distributed on a plurality of databases on a computer network. The system includes means for detecting various types, relationships, and classifications of data records and modifying them accordingly, to support interactive, hypertext-linked display of, and organized access to, the data records. The system further includes means to store a related set of data records on a mass storage device such as a CD-ROM to provide non-network access to the data records. Adapted for use in a hospital environment, the invention facilitates access by care providers, administrators, and insurance company agents to a patient's cumulative, and possibly extensive, record. (See Abstract).

Frid describes a universally accessible healthcare device having a communication path and a server. The healthcare device generates a set of medical information and the server provides access to the medical information using an open standard network protocol on the communication path. HTML Files may be generated on the fly by the server in response to an HTTP command from a requesting web client. (See Abstract).

Rejection of Claims 1-6 and 17 under 35 U.S.C. 103(a) over De la Huerga (U.S. Patent 5,903,889)

De la Huerga does not make claims 1 - 6, and 17 unpatentable. Thus, reversal of the Rejection of claims 1 - 6, and 17 under 35 U.S.C. § 103(a) is respectfully requested.

In rejecting claims under 35 U.S.C. § 103, it is incumbent upon the examiner to establish a factual basis to support the legal conclusion of obviousness. *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596, 1598 (Fed.Cir. 1988). In so doing, the Examiner is expected to make the factual determinations set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 17, 148 USPQ 459, 467 (CCPA 1966), and to provide a reason why one having ordinary skill in the pertinent art would have been led to modify the prior art or to combine prior art references to arrive at the claimed invention. Such reason must stem from some teaching, suggestion, or implication in the prior art as a whole or knowledge generally available to one having ordinary skill in the art. *Uniroyal, Inc. v. Rudkin-Wiley Corp.*, 837 F.2d 1044, 1051, 5 USPQ2d 1434, 1438 (Fed.Cir. 1988), *cert. denied*, 488 U.S. 825 (1988); *Ashland Oil Inc. v. Delta Resins & Refractories, Inc.*, 776 F.2d 28, 293, 227 USPQ 657, 664 (Fed.Cir. 1985), *cert. denied*, 475 U.S. 1017 (1986); *ACS Hosp. Sys., Inc. v. Montefiore Hosp.*, 732 F.2d 1572, 1577, 221 USPQ 929, 933 (Fed.Cir. 1984). These showings by the Examiner are an essential part of complying with the burden of presenting a *prima facie* case of obviousness. *In re Oetiker*, 977 F.2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed.Cir. 1992).

CLAIM 1

Nowhere does De la Huerga show or suggest or provide an enabling teaching of, partitioning a patient record into “a **plurality of different sections**” and “generating a URL link...containing **fields** incorporating” information identifying a “**particular section** of said patient record”. In De la Huerga, the URL of Figures 25 and 27 comprises an “address where memory contents 500 is to be stored” (De la Huerga column 16 line 65 to column 17 line 1). The “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17” (De la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga **do not** comprise a partitioned patient record having “a **plurality of different sections**” that are individually identifiable using a generated “URL link...containing **fields** incorporating” information identifying a “**particular section** of said patient record”.

Further, De la Huerga teaches that an “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of

universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report** 730 to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (De la Huerga column 16 line 65 to column 17 line 7). Thus, De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as **a whole** without a workstation responding to a URL and **“completely independent of needing to know how to handle”** a **“medication report”**. This is fundamentally different and in direct contrast to the claimed system in which a “URL link...containing **fields** incorporating” information identifying a “particular section of said patient record” is processed to obtain a particular section of a medical report identified by the URL which is processed (i.e. extracted from the report) and communicated in response to the URL. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular** section of the medical report is processed and downloaded to a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga system. Further, the claimed system involves “communicating said generated URL link to an application used for accessing said repository; and receiving said identified **particular patient record section** in response to said communication”. These features are not shown or suggested by De la Huerga.

De la Huerga also does not show “receiving configuration information” and **“generating a URL link** for accessing a patient record repository **in response to said configuration information”** as in the present claimed invention. De la Huerga merely discloses using a URL cipher to decode information that is within a record and changes the decoded information according to predetermined rules (De la Huerga, col. 8, lines 41-47). This function performed by De la Huerga is **not** equivalent to “receiving configuration information” and generating a URL “in response to said configuration information” for accessing a patient record repository. Nowhere in De la Huerga is **configuration information** discussed. Therefore, Applicant respectfully submits that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure regarding what may constitute configuration information or how the alleged configuration information is used by the De la Huerga system.

Further, contrary to the assertion on page 6 of the present rejection, De la Huerga neither discloses nor suggests “receiving configuration information determining...(a) a URL of a patient record repository” as recited in the present claimed invention. Rather, Column 8, lines 41-44 of De la Huerga merely describes re-formatting links to be compatible with hospital addressing protocols. Reformatting links for the purpose of

compatibility with accepted protocols is NOT and does not suggest “receiving configuration information determining at least one of, (a) a URL of a patient record repository” as in the present claimed invention. Reformatting is a task entirely unlike and unrelated to “receiving configuration information” as in the claimed arrangement. Additionally, contrary to the assertion on page 6 of the present rejection, De la Huerga does not show or suggest “receiving configuration information determining...(f)format of a patient record” as recited in the present claimed invention. Rather, column 9, lines 28-30 of De la Huerga describes organizing and formatting “a patient’s record prior to their being requested by a member of the medical staff.” Organizing and formatting a patient record is not equivalent to “receiving configuration information determining...(f) format of a patient record.” De la Huerga disclose manipulation of the patient record prior to request. This is NOT “receiving configuration information determining...format of a patient record” as in the present claimed invention. In fact, as discussed above De la Huerga provides no 35 USC 112 compliant enabling disclosure of “receiving configuration information” of any type.

De la Huerga also fails to disclose or suggest “generating a URL link for accessing a patient record repository in response to said configuration information” as in the present claimed system. Column 9, lines 55-66, the text describing Figure 10, of De la Huerga merely describes **extracting** root addresses and descriptors to make the URL addresses compatible with hospital address protocol. This comprises reformatting of a link using additional data (root address and descriptors) The present claimed invention, on the other hand, describes **generating** a URL link “in response to said configuration information”. The extracted information used to reformat a link as described in De la Huerga is **NOT** “a URL link” generated “in response to said configuration information” as in the claimed system.

Specifically, De La Huerga is a system that uses a cipher to decode information that is contained within a respective patient record in order to manipulate and/or translate according to predetermined rules the information into a form readable by a user. This system does not address and resolve the problem resolved by the present claimed system, namely, to provide a method used by “a portable processing device for accessing information in a patient record incorporating a plurality of different sections.” De la Huerga does not provide 35 USC 112 compliant enabling disclosure of a system that “receiv[es] configuration information” and “generat[es] a URL link for accessing a patient record repository **in response to said configuration information**” as in the present claimed system. Consequently, the withdrawal of the rejection of claim 1 is respectfully requested.

Dependent claims 2, 4 and 5 are considered to be patentable for the reasons given in connection with claim 1. Therefore, withdrawal of the rejection of claims 2, 4 and 5 under 35 USC 103(a) is respectfully requested.

CLAIM 3

Dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because De la Huerga does not show (or suggest) the feature combination of claim 1 involving “receiving a patient record content index and said activity of receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired is performed in response user selection of an item in said patient record content index”. De la Huerga does not suggest such a combination and does not contemplate or mention a patient medical record content index.

Applicant respectfully disagrees with the assertion on page 7 of the office action that column 13, lines 31 – 51 of de La Huerga discloses the claimed feature. Rather, this section of de La Huerga merely discloses, upon displaying retrieved data, secondary files referenced by the data are made accessible via the click of a mouse and that the system creates a folder to store the newly converted retrieved record. This is NOT “a patient record content index” that is received as in the present claimed invention. Additionally, there is no 35 USC 112 compliant enabling disclosure reciting that the “activity of receiving user entered information...is performed in response to user selection of an item in said patient record content index” as in the present claimed invention. De La Huerga merely discloses accessing files using a click of a mouse. The secondary referenced files of De la Huerga are NOT a “patient record content index” as in the present claimed invention. Specifically, the “patient record content index” of the present system is a “hyperlinked content index to each major sections of a patient chart such as Chemistry, Hematology, Vital Signs” (Application page 9, lines 8 – 10 and Fig. 11). De la Huerga merely discloses making secondary files within a converted record more easily accessible. In fact, no where in De la Huerga is there enabling disclosure that defines any operation associated with the secondary files other than their being made “quickly and easily accessible”. De la Huerga operates in a fundamentally differ manner than the present claimed invention.

The present system allows for “a patient record content index” to be received and “in response to user selection of an item in said patient record content index”, the system receives “user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired”. De la Huerga nowhere discloses nor suggests this feature.

In view of the above remarks regarding claim 3, it is respectfully submitted that the present invention as claimed in claim 3 is patentable over De la Huerga.

CLAIM 6

Nowhere does De la Huerga show or suggest or provide an enabling teaching of, a patient record that is partitioned into “a **plurality of different sections**” and “receiving URL link data **fields** containing information identifying...a **particular section** of said patient record” as in the claimed system. In De la Huerga, the URL of Figures 25 and 27 comprises an “address where memory contents 500 is to be stored” (De la Huerga column 16 line 65 to column 17 line 1). The “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17” (De la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga does not comprise a partitioned patient record having “a **plurality of different sections**” that are individually identifiable using a received “URL link data **fields** containing information identifying...a **particular section** of said patient record” as in the present claimed invention.

Further, De la Huerga teaches “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report 730** to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (De la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as a **whole** without a workstation responding to a URL and “**completely independent of needing to know how to handle**” a “**medication report**”. This is wholly unlike and in direct contrast to the claimed system in which “URL link data **fields** containing information identifying...a **particular section** of said patient record” is processed to obtain a particular section of a medical report identified by the URL which is processed (i.e. extracted from the report) and communicated in response to the URL. The claimed system allows a user to

dynamically select a particular section of a patient record desired and that **particular** section of the medical report is processed and downloaded to a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching.

De la Huerga also does not show “receiving URL link data fields” the “**URL link being generated in response to configuration information**” as in the present claimed invention. De la Huerga merely discloses using a URL cipher to decode information that is within a record and changes the decoded information according to predetermined rules (De la Huerga, col. 8, lines 41-47). This is **not** generating a URL “in response to said configuration information” as in the present invention. Nowhere in De la Huerga is **configuration information** discussed. Therefore, Applicant respectfully submits that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure regarding what may constitute configuration information or how the alleged configuration information is used by the De la Huerga system.

Further, contrary to the assertion on page 6 of the present rejection, De la Huerga does not show “configuration information determining...(a) a URL of a patient record repository” as recited in the present claimed invention. Rather, Column 8, lines 41-44 of De la Huerga merely describes re-formatting links to be compatible with hospital addressing protocols. Reformatting is a task entirely unlike and unrelated to receiving “configuration information” as in the claimed arrangement. Additionally, contrary to the assertion on page 6 of the present rejection, De la Huerga does not show or suggest “receiving configuration information determining...(f)format of a patient record” as recited in the present claimed invention. Rather, column 9, lines 28-30 of De la Huerga describes organizing and formatting “a patient’s record prior to their being requested by a member of the medical staff.” Organizing and formatting a patient record is not equivalent to “receiving a URL link data fields” where the “URL link” is “generated in response to configuration information determining...(f) format of a patient record.” De la Huerga discloses manipulation of the patient record prior to request. This is NOT “configuration information determining...format of a patient record” as in the present claimed invention. In fact, as discussed above De la Huerga provides no 35 USC 112 compliant enabling disclosure of “configuration information” of any type. Consequently, the withdrawal of the rejection of claim 6 is respectfully requested.

CLAIM 17

Nowhere does De la Huerga show or suggest or provide an enabling teaching of, partitioning a patient record into “a **plurality of different sections**” and “receiving URL data **fields** incorporating updated patient record information and patient record section

identification information” as in the claimed system. In De la Huerga, the URL of Figures 25 and 27 comprises an “address where memory contents 500 is to be stored” (De la Huerga column 16 line 65 to column 17 line 1). The “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17” (De la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga do not comprise a partitioned patient record having “a **plurality of different sections**” that are individually identifiable using a received “URL data **fields** incorporating updated patient record information and patient record section identification information” as in the present claimed invention.

Further, De la Huerga teaches “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report 730** to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (De la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as **a whole** without a workstation responding to a URL and “**completely independent of needing to know how to handle**” a “**medication report**”. This is wholly unlike and in direct contrast to the claimed system in which a “URL data **fields** incorporating updated patient record information and patient record section identification information” is processed to obtain a patient record section information of a medical report and updated patient record information. The claimed system allows a user to dynamically store the updated information in the **particular** section of the medical report identified the patient record section identification information. Consequently the claimed system involves interacting with a medical report to identify and process “updated patient information” within particular report sections in direct contrast to the De la Huerga teaching.

De la Huerga also does not show “receiving URL data fields” the “**URL being generated in response to configuration information**” as in the present claimed invention. De la Huerga merely discloses using a URL cipher to decode information that is within a

record and changes the decoded information according to predetermined rules (De la Huerga, col. 8, lines 41-47). This is **not** generating a URL “in response to said configuration information” as in the present invention. Nowhere in De la Huerga is **configuration information** discussed. Therefore, Applicant respectfully submits that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure regarding what may constitute configuration information or how the alleged configuration information is used by the de La Huerga system.

Further, contrary to the assertion on page 6 of the present rejection, De la Huerga does not show “receiving configuration information determining...(a) a URL of a patient record repository” as recited in the present claimed invention. Rather, Column 8, lines 41-44 of De la Huerga merely describes re-formatting links to be compatible with hospital addressing protocols. Additionally, contrary to the assertion on page 6 of the present rejection, De la Huerga does not show or suggest “receiving configuration information determining...(f)format of a patient record” as recited in the present claimed invention. Rather, column 9, lines 28-30 of De la Huerga describes organizing and formatting “a patient’s record prior to their being requested by a member of the medical staff.” Organizing and formatting a patient record is not equivalent to “receiving configuration information determining...(f) format of a patient record.”

In view of the above remarks, it is respectfully submitted that De la Huerga does not provide any 35 USC 112 compliant enabling disclosure that makes the present invention as claimed in claims 1, 6 and 17 unpatentable. As claims 2 – 5 are dependent on independent claim1, it is respectfully submitted that claims 2 – 5 are also patentable over De la Huerga. Therefore, it is further respectfully submitted that this rejection has been satisfied and should be withdrawn.

**Rejection of Claims 7-16 and 18-20 under 35 U.S.C. 103(a) over
De la Huerga (U.S. Patent 5,903,889) in view of Frid (U.S. Patent 5,857,967)**

De la Huerga in view of Frid does not make claims 7 – 16 and 18 – 20 unpatentable. Thus, reversal of the rejection of claims 7 – 16 and 18 – 20 under 35 U.S.C. § 103(a) is respectfully requested.

CLAIMS 7 and 9 - 16

The method of claim 7 involves communicating “updated patient record information”, acquired “by user data entry via” a “data collection page”, to an “information repository” at an “address using” a “generated URL link”. The method involves generating the “URL link including an address of said repository and containing fields incorporating

said updated patient record information and information identifying a **particular patient record section** and said patient record”. These features address the deficiencies of available portable data access systems. Specifically, “available portable systems for processing patient record information are limited in their capabilities for securely accessing, transferring and updating patient record information and in their capabilities for creating and navigating image menus supporting the location and access of desired patient record data by a user” (Application page 2 lines 3-7). By using the claimed system, a user is able to specifically access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (see Application page 9 lines 6-8). This is of substantial advantage in using a portable device in a hospital or other healthcare environment.

The combined references do not show updating “patient record information” in a repository, with data acquired “by user data entry via” a “data collection page at an “address” determined by a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. Contrary to the Rejection statement on page 9, De la Huerga (with the other references) does not show (or suggest) use of a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. The URLs shown in De la Huerga Figures 25 and 27 (and relied in the Rejection) are generated by “device 10”. Specifically, “device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27” (De la Huerga column 16 line 65 to column 17 line 1).

However, nowhere does De la Huerga (with Frid) show or suggest or provide an enabling teaching of, partitioning a patient record into different sections and generating a URL link including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. In De la Huerga, the URL of Figures 25 and 27 comprises an “address where memory contents 500 is to be stored” (De la Huerga column 16 line 65 to column 17 line 1). The “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient

information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360... additional elements or fewer than shown in FIG. 17” (De la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga does not comprise a partitioned patient record having different sections that are individually identifiable using a generated URL link “containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”.

Further, De la Huerga teaches “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report 730** to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (De la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as **a whole** without a workstation responding to a URL and “**completely independent of needing to know how to handle**” a “**medication report**”. This is fundamentally different and in direct contrast to the claimed system in which a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record” is used to update a particular section of a medical report. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular** section of the medical report is updated by a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report sections in direct contrast to the De la Huerga teaching. These features are not shown or suggested by De la Huerga (with Frid).

The system of claim 7 involves “initiating display of a data collection page for collecting data of a patient associated with a particular patient record section; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section”. Neither De la Huerga nor Frid, individually or together, suggest such features. Neither Frid nor De la Huerga suggest or contemplate generation of a “data collection” image page for presentation to a user and update of a particular “patient record section” with “updated patient record information” acquired by “data entry via said data

collection page” associated “with a particular patient **record section**”. Neither Frid nor De la Huerga show or suggest “initiating display of a data collection page for a patient” at all. The web page of Figure 2 of Frid relied on in page 9 of the Rejection is NOT a data **collection** page. Specifically in Frid, “FIG. 2 illustrates a web page rendered by the web browser 40 for the example HTML file shown above. The web page for the example blood analyzer device 10 includes a page title 70, a header section 72, a table section 76 containing the medical information obtained from the blood analyzer device 10, and a table header 74. The **medical information shown** including Patient I.D. of 123456, Glucose of 12, and Time-Stamp of Dec. 10, 1996 12:37 was generated in the blood analyzer device 10 and packaged into the HTML file shown above by the web server 14” (Frid column 5 lines 24-37). Consequently, the web page of Figure 2 of Frid shows medical data “**generated**” in a “**blood analyzer device**” and NOT a “data collection” image page supporting user “data entry via said **data collection page**”. Frid (with De la Huerga) similarly fails to show or suggest generation of “a data collection page” for collecting data of a patient associated with a “particular patient **record section**”.

Neither De la Huerga nor Frid address the deficiencies of “portable systems” particularly their limited “capabilities for securely accessing, transferring and updating patient record information” and “the location and access of desired patient record data by a user” (Application page 2 lines 3-7). Further, neither reference provides any other motivation or reason for incorporating the claimed features. De la Huerga is primarily concerned with “retrieving, modifying, and storing a plurality of topically, textually, or audio-visually related data records of a plurality of formats on a **plurality of databases**” (column 1 lines 6-13) and not collecting of patient data using a “portable processing device”. As recognized in the Rejection on page 9 De la Huerga does not show or suggest “initiating display of a data collection page” at all. De la Huerga (with Frid) also does not show or suggest “a data collection page” for collecting data of a patient associated with a “particular patient record section”. Although De la Huerga discusses processing data of different “data type 136”, De la Huerga fails to define “data type” but merely indicates using “a matching data request root address 504, the invention immediately identifies the data type 136 (FIG. 10)”. This implies data type is determined based on an address associated with a data request and is NOT related to a particular patient record section. Consequently, De la Huerga (with Frid) fails to provide any 35 USC 112 compliant enabling disclosure of generating “a data collection page” for collecting data of a patient associated with a “particular patient record section”.

In addition, the incorporation of the features of Frid into the De la Huerga system, as suggested by the Rejection, results in a system for communicating data associated with particular data requests between different databases using type information derived from an

address associated with a data request. This combined system of Frid with De la Huerga still contains limited “capabilities for securely accessing, transferring and updating patient record information” that the claimed method addresses. Consequently withdrawal of the Rejection of claim 7 under 35 USC 103(a) is respectfully requested.

Dependent claims 9 through 16 are considered to be patentable based on their dependence on claim 7 and because of the additional feature combinations that they incorporate. Therefore, the arguments presented above with respect to claim 7 also apply to claims 9 through 16. Claim 7 is considered to be patentable. Consequently withdrawal of the rejection of claims 9 through 16 under 35 USC 103(a) is respectfully requested.

CLAIM 8

Dependent claim 8 is considered to be patentable based on its dependence on claim 7. Claim 8 is also considered to be patentable because De la Huerga with Frid does not show (or suggest) the feature combination of claim 8 involving “receiving a patient record content index identifying said particular patient record section and wherein said activity of communicating said updated patient record information comprises communicating said updated patient record section information via said URL data field to said information repository” as in the present claimed invention. De la Huerga (with Frid) does not suggest such a combination and does not contemplate or mention a patient medical record content index. In fact de La Huerga (with Frid) is not concerned with “updated patient record information” as in the present claimed invention.

The Rejection cites column 13, lines 39 – 45 of De la Huerga as disclosing the claimed feature combination. Applicant respectfully disagrees. Specifically, the column 13, lines 31-51 of De la Huerga merely discloses, upon displaying retrieved data, secondary files referenced by the data are made accessible via the click of a mouse and the system creates a folder to store the newly converted retrieved record. This is NOT “a patient record content index” that is received in the present claimed invention. Additionally, De La Huerga merely discloses accessing files using a click of a mouse. Furthermore, the secondary referenced files of De La Huerga do NOT “identify[y] said particular patient record section” as in the present claimed invention. Specifically, the “patient record content index” of the present system is a “hyperlinked content index to each major sections of a patient chart such as Chemistry, Hematology, Vital Signs” (Application page 9, lines 8 – 10 and Fig. 11). De la Huerga merely disclose making secondary files within a converted record more easily accessible. In fact, no where in De la Huerga (with Frid) is there enabling disclosure that defines any operation associated with the secondary files other than their being made “quickly and easily accessible”. Thus, De la Huerga (with Frid) operates in a fundamentally different manner than the present claimed invention. Similarly as

discussed above with respect to De la Huerga, the cited section of Frid (col. 2, lines 61 — 67) neither discloses nor suggests the claimed feature. Consequently, it is respectfully requested that the rejection of claim 8 under 35 USC 103(a) be withdrawn.

CLAIMS 18 - 20

The method of claim 18 involves communicating “updated patient record information”, acquired “by user data entry via” a “data collection page”, to an “information repository” at an “address using” a “generated URL link”. The method involves generating the “URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. These features address the deficiencies of available portable data access systems. Specifically, “available portable systems for processing patient record information are limited in their capabilities for securely accessing, transferring and updating patient record information and in their capabilities for creating and navigating image menus supporting the location and access of desired patient record data by a user” (Application page 2 lines 3-7). By using the claimed system, a user is able to specifically access a desired portion of a patient record without having to download and navigate through an entire record which is often large (particularly for a patient with extensive medical history) and cumbersome and a substantial burden for a portable device in view of storage, power and processing constraints (see Application page 9 lines 6-8). This is of substantial advantage in using a portable device in a hospital or other healthcare environment.

The combined references do not show updating “patient record information” in a repository, with data acquired “by user data entry via” a “data collection page at an “address” determined by a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. Contrary to the Rejection statement on page 9, De la Huerga (with Frid) does not show (or suggest) use of a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. The URLs shown in De la Huerga Figures 25 and 27 (and relied in the Rejection) are generated by “device 10” Specifically, “device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27” (De la Huerga column 16 line 65 to column 17 line 1).

However, nowhere does De la Huerga (with Frid) show or suggest or provide an enabling teaching of, partitioning a patient record into different sections and generating a URL link including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”. In De la Huerga, the URL of Figures 25 and 27 comprise an “address where memory contents 500 is to be stored” (De la Huerga column 16 line 65 to column 17 line 1). The “memory contents 500” accessed in the De la Huerga system via the address conveyed in the URL of Figures 25 and 27 may comprise a variety of items (see Figure 17) including “selected prescribed medication dose information 540...dispensed medication information 580, medication information 581 and medication report components 600. Memory contents 500 can further include specific patient information 621 received from a patient identification device 300...offered medication amount information 643 regarding the amount of medication offered to a specific patient 360, and consumed medication amount information 644 regarding the actual amount of medication consumed by the specific patient 360...additional elements or fewer than shown in FIG. 17” (De la Huerga column 8 lines 14-55 and Figure 17). However, “memory contents 500” of De la Huerga do not comprise a partitioned patient record having different sections that are individually identifiable using a generated URL link “containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record”.

Further, De la Huerga teaches “information device 10 may also format and transmit the address where memory contents 500 is to be stored. This may be in the form of universal resource locator (URL) 734 as shown in FIG. 27. In this case, workstation 350 **need only send medication report** 730 to the address indicated by universal resource locator 734 **without interacting** with workstation 350, thus keeping workstation 350 completely independent of needing to know how to handle medication report 730” (De la Huerga column 16 line 65 to column 17 line 7). Thus De la Huerga teaches that a medication report (e.g., patient record data) is advantageously sent as **a whole** without a workstation responding to a URL and “**completely independent of needing to know how to handle**” a “**medication report**”. This is fundamentally different and in direct contrast to the claimed system in which a “generated URL link” including “an address of said repository and containing fields incorporating said updated patient record information and information identifying a **particular patient record section** and said patient record” is used to update a particular section of a medical report. The claimed system allows a user to dynamically select a particular section of a patient record desired and that **particular** section of the medical report is updated by a portable device. Consequently the claimed system involves interacting with a medical report to identify and process particular report

sections in direct contrast to the De la Huerga teaching. These features are not shown or suggested by De la Huerga with the other references.

The system of claim 18 involves “initiating display of a data collection page for collecting data of a patient associated with a particular patient record section; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section”. Neither De la Huerga nor Frid, individually or together, suggest such features. Neither Frid nor De la Huerga suggest or contemplate generation of a “data collection” image page for presentation to a user and update of a particular “patient record section” with “updated patient record information” acquired by “data entry via said data collection page” associated “with a particular patient **record section**”. Neither Frid nor De la Huerga show or suggest “initiating display of a data collection page for a patient” at all. The web page of Figure 2 of Frid relied on in page 9 of the rejection is NOT a **data collection** page. Specifically in Frid, “FIG. 2 illustrates a web page rendered by the web browser 40 for the example HTML file shown above. The web page for the example blood analyzer device 10 includes a page title 70, a header section 72, a table section 76 containing the medical information obtained from the blood analyzer device 10, and a table header 74. The **medical information shown** including Patient I.D. of 123456, Glucose of 12, and Time-Stamp of Dec. 10, 1996 12:37 was generated in the blood analyzer device 10 and packaged into the HTML file shown above by the web server 14” (Frid column 5 lines 24-37). Consequently, the web page of Figure 2 of Frid shows medical data “**generated**” in a “**blood analyzer device**” and NOT a “data collection” image page supporting user “data entry via said **data collection page**”. Frid (with De la Huerga) similarly fails to show or suggest generation of “a data collection page” for collecting data of a patient associated with a “particular patient **record section**”. Furthermore, De la Huerga (with Frid) neither discloses nor suggests “storing updated patient record information **including additions and deletions to said previously recorded data** acquired by user data entry via said data collection page” as in the present claimed invention.

Neither De la Huerga nor Frid address the deficiencies of “portable systems” particularly their limited “capabilities for securely accessing, transferring and updating patient record information” and “the location and access of desired patient record data by a user” (Application page 2 lines 3-7). Further, neither reference provides any other motivation or reason for incorporating the claimed features. De la Huerga is primarily concerned with “retrieving, modifying, and storing a plurality of topically, textually, or audio-visually related data records of a plurality of formats on a **plurality of databases**” (column 1 lines 6-13) and not collecting of patient data using a “portable processing

device”. As recognized in the Rejection on page 9 De la Huerga does not show or suggest “initiating display of a data collection page” at all. De la Huerga (with Frid) also does not show or suggest “a data collection page” for collecting data of a patient associated with a “particular patient record section”. Although De la Huerga discusses processing data of different “data type 136”, De la Huerga fails to define “data type” but merely indicates using “a matching data request root address 504, the invention immediately identifies the data type 136 (FIG. 10)”. This implies data type is determined based on an address associated with a data request and is NOT related to a particular patient record section. Consequently, De la Huerga (with Frid) fails to provide any 35 USC 112 compliant enabling disclosure of generating “a data collection page” for collecting data of a patient associated with a “particular patient record section”.

In addition, the incorporation of the features of Frid into the De la Huerga system, as suggested by the Rejection, results in a system for communicating data associated with particular data requests between different databases using type information derived from an address associated with a data request. This combined system of Frid with De la Huerga still contains limited “capabilities for securely accessing, transferring and updating patient record information” that the claimed method addresses. Consequently withdrawal of the Rejection of claim 18 under 35 USC 103(a) is respectfully requested.

Dependent claims 19 and 20 are considered to be patentable based on their dependence on claim 18 and because of the additional feature combinations that they incorporate. Therefore, the arguments presented above with respect to claim 18 also apply to claims 19 and 20. Claim 18 is considered to be patentable. Consequently withdrawal of the rejection of claims 19 and 20 under 35 USC 103(a) is respectfully requested.

In view of the above remarks, it is respectfully submitted that de La Huerga and Frid, either alone or in combination, do not provide any 35 USC 112 compliant enabling disclosure that makes the present invention as claimed in claims 7 and 18 unpatentable. As claims 8 – 16 are dependent on independent claim 7 and claims 19 – 20 are dependent on independent claim 18, it is respectfully submitted that claims 8 – 16 and 19 - 20 are also patentable over de La Huerga and Frid. Therefore, it is further respectfully submitted that this rejection has been satisfied and should be withdrawn.

VIII CONCLUSION

Claims 1 through 20 are considered patentable because De la Huerga and Frid, either alone or together neither disclose nor suggest “receiving configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a

patient record and (f) format of a patient record” and “generating a URL link for accessing a patient record repository in response to said configuration information” as in the present claimed invention. Additionally, De la Huerga and Frid neither disclose nor suggest “receiving a patient medical record content index” as in the present claimed invention. Furthermore, De la Huerga and Frid neither disclose nor suggest “initiating display of a data collection page for collecting data of a patient associated with a particular patient record section; storing updated patient record information acquired by user data entry via said data collection page; generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying a patient record section” as in the present claimed invention.

Accordingly it is respectfully submitted that the rejection of Claims 1– 20 should be reversed.

Respectfully submitted,
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APPENDIX I - APPEALED CLAIMS

1. (Previously Presented) A method for use by a portable processing device for accessing information in a patient record incorporating a plurality of different sections, comprising the activities of:

receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired;

receiving configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record;

generating a URL link for accessing a patient record repository in response to said configuration information, said generated URL link including an address of said repository and containing fields incorporating said information identifying said particular section of said patient record and said patient record;

communicating said generated URL link to an application used for accessing said repository; and

receiving said identified particular patient record section in response to said communication.

2. (Previously Presented) A method according to claim 1, wherein said particular section of said patient record is associated with a particular type of patient medical data and

said receiving activity also includes,
receiving information identifying a desired format for said patient record to be acquired.

3. (Previously Presented) A method according to claim 1, including the activity of,

receiving a patient record content index and said activity of receiving user entered information identifying at least one patient record to be acquired and a particular section of a patient record to be acquired is performed in response user selection of an item in said patient record content index.

4. (Previously Presented) A method according to claim 1, including the activity of

generating a notification indication for display to a user indicating said identified particular patient record section has been received.

5. (Previously Presented) A method according to claim 1, wherein said received particular patient record section comprises HTML web page representative information.

6. (Previously Presented) In a system including a patient record repository, a method for communicating with a portable processing device for accessing information in a patient record incorporating a plurality of different sections, comprising the activities of:

receiving URL link data fields containing information identifying a patient record and a particular section of said patient record, said URL link being generated in response to configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record;

deriving said information identifying a patient record and a particular section of said patient record information from said URL link data fields;

searching said patient record repository to locate said identified particular patient record section;

communicating said located particular patient record section to a portable processing device.

7. (Previously Presented) A method for use by a portable processing device for providing updated patient record information to a patient record information repository, comprising the activities of:

initiating display of a data collection page for collecting data of a patient associated with a particular patient record section;

storing updated patient record information acquired by user data entry via said data collection page;

generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying said particular patient record section and said patient record; and

communicating said updated patient record information to said information repository at said address using said generated URL link in response to user selection of a displayed menu icon.

8. (Previously Presented) A method according to claim 7, including the activity of

receiving a patient medical record content index identifying said particular patient record section and wherein

said activity of communicating said updated patient record information comprises communicating said updated patient record section information via said URL data field to said information repository.

9. (Previously Presented) A method according to claim 8, including the activity of

identifying updated patient record information different from information previously communicated to said information repository; and wherein

said activity of communicating said updated patient record information comprises communicating said different updated patient record information via said URL data field to said information repository.

10. (Original) A method according to claim 7, wherein
said data collection page comprises an HTML page.

11. (Previously Presented) A method according to claim 7, including the activity of

time-stamping updated patient record section information acquired by user data entry via said data collection page.

12. (Previously Presented) A method according to claim 11, wherein
said activity of storing updated patient record section information comprises storing time-stamped updated patient record section information.

13. (Previously Presented) A method according to claim 12, wherein
said activity of communicating said updated patient record section information comprises communicating said time-stamped updated patient record section information.

14. (Previously Presented) A method according to claim 7, including the activity of

communicating said identified updated data collection page by Email to a remote application in response to user selection of a displayed menu icon.

15. (Previously Presented) A method according to claim 7, including the activity of

providing a menu supporting user customization of a data collection page for a particular patient.

16. (Previously Presented) A method according to claim 7, including the activity of

initiating display of a patient record contents menu comprising a plurality of links to a corresponding plurality of sections of a patient record including a link to a patient data collection page in response to user selection of a link to said patient record section.

17. (Previously Presented) In a system including a patient record repository, a method for communicating with a portable processing device for accessing patient record information, comprising the activities of:

receiving URL data fields incorporating updated patient record information and patient record section identification information, said URL being generated in response to configuration information determining at least one of, (a) a URL of a patient record repository, (b) a proxy server address, (c) user logon information, (d) lists of patients to be accessed, (e) content type of a patient record and (f) format of a patient record;

deriving said patient record section identification information and said updated patient record information from said URL link data fields; and

storing said updated patient record information in a record section identified by said patient record section identification information.

18. (Previously Presented) A method for use by a portable processing device for providing updated patient record information to a patient record information repository, comprising the activities of:

initiating display of a data collection page for collecting data of a patient associated with a particular patient record section including data previously recorded for said patient;

storing updated patient record information including additions and deletions to said previously recorded data acquired by user data entry via said data collection page;

generating a URL link including an address of said repository and containing fields incorporating said updated patient record information and information identifying said particular patient record section and said patient record; and

communicating URL data fields including said updated patient record information to said information repository at said address using said generated URL link in response to user selection of a displayed menu icon.

19. (Previously Presented) A method according to claim 18, including the activity of

identifying updated patient record information not previously communicated to said information repository, and wherein said communicating activity comprises communicating URL data fields including said identified updated patient record information not previously communicated to said information repository.

20. (Previously Presented) A method according to claim 18, including the activity of

time-stamping updated patient record information acquired by user data entry via said data collection page.

APPENDIX II - EVIDENCE

Applicant does not rely on any additional evidence other than the arguments submitted hereinabove.

APPENDIX III - RELATED PROCEEDINGS

Applicant respectfully submits that there are no proceedings related to this appeal in which any decisions were rendered.

APPENDIX IV - TABLE OF CASES

1. *In re Howard*, 394 F. 2d 869, 157 USPQ 615, 616 (CCPA 1968)
2. 29 AM. Jur 2D Evidence S. 33 (1994)
3. *In re Ahlert*, 424 F. 2d 1088, 1091, 165 USPQ 418, 420 (CCPA 1970)
4. *In re Eynde*, 480 F. 2d 1364, 1370; 178 USPQ 470, 474 (CCPA 1973)
5. *In re Fine*, 5 USPQ 2d 1600, (Fed Cir. 1988)
6. ACS Hospital Systems Inc v. Montefiore Hospital, 221 USPQ 929,933
(Fed. Cir. 1984)
7. *Graham v. John Deere Co.*, 383 U.S. 1, 17, 148 USPQ 459, 467 (CCPA 1966)
8. *Uniroyal, Inc. v. Rudkin-Wiley Corp.*, 837 F.2d 1044, 1051, 5 USPQ2d 1434, 1438
(Fed.Cir. 1988), *cert. denied*, 488 U.S. 825 (1988)
9. *Ashland Oil Inc. v. Delta Resins & Refractories, Inc.*, 776 F.2d 28, 293, 227 USPQ
657, 664 (Fed.Cir. 1985), *cert. denied*, 475 U.S. 1017 (1986)
10. *In re Oetiker*, 977 F2d 1443, 1445, 24 USPQ2d 1443, 1444 (Fed. Cir. 1992)

APPENDIX V - LIST OF REFERENCES

<u>U.S. Pat. No.</u>	<u>Issued Date</u>	<u>102(e) Date</u>	<u>Inventors</u>
5,903,889	May 11, 1999		De la Huerga et al.
5,857,967	January 12, 1999		Frid et al.

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